

CLAIMS ONLY

Application Number

"Filling" Date

Applicant(s)

3-19-87

\* May be used for additlional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total			4			
Indep			11			
Total Depend						
Total Claims			15			